



Seattle Fire Department
Confidence Test Report
206-386-1351 Confidence Testing Officer
206-615-1068 (fax)

SHAFT PRESSURIZATION
(One System per Report)

Occupancy Address: _____ Occupancy Name: _____

Responsible Person: _____ Phone Number: _____

Building Owner: _____ Phone Number: _____

Building Owner Address _____

Date of Inspection: _____ Type of Inspection: Quarterly ☐ Annual ☐ Acceptance ☐ Other ☐

Testers Name (Please Print): _____ SFD Certification Number: _____

No. of Stories _____ Outside air temperature _____ degrees F
No. of Stair Fans: _____ CFM _____ HP _____
No. of Elevator Fans _____ CFM _____

1. Do stair shafts have flush? Yes ☐ No ☐ CFM _____

2. Were measurements taken from atmospheric pressure? Yes ☐ No ☐

3. What was static pressure? _____ in. H₂O

4. Readings:

Floor _____ in. H ₂ O _____	Floor _____ in. H ₂ O _____
_____	_____
_____	_____
_____	_____

5. Were readings taken at every 5th floor? Yes ☐ No ☐

6. Do fans operate when fire alarm is activated? Yes ☐ No ☐

7. Do fans operate on emergency power? Yes ☐ No ☐

8. Do stair shaft pressures measure .15 in H₂O? Yes ☐ No ☐

9. If building has 100% automatic sprinklers, or life safety core,
is elevator shaft pressure .10 in H₂O? Yes ☐ No ☐

10. If no sprinklers, is elevator shaft pressure .15 in H₂O? (alarm condition) Yes ☐ No ☐

11. All doors operate correctly? Yes ☐ No ☐

12. System can be operated manually? Yes ☐ No ☐

13. Does life safety core type building have .05 in H₂O
Between pressurized core and tenant area? Yes ☐ No ☐

14. Are gaskets in good condition on stair and elevator doors? Yes ☐ No ☐

Problems Found: _____

Corrections Made: _____ **Date Corrected:** _____ **Corrected By:** _____

SIGNATURE OF TESTER _____

AGENCY _____ **PHONE** _____

MAILING ADDRESS _____